

## STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • http://www.dfi.wa.gov

## **Loan Originator Continuing Education Declaration**

Name of loan originator as li	censed in washington:	
Last Name	First Name	Full Middle Name
Washington Loan Originator	License Number: 510-LO	
from a list provided by the V complete two courses annual	Vashington Department of Financi	requires loan originators to complete courses al Institutions (DFI). Loan originators must nding three mortgage broker commission ducation course.
you attended mortgage broke one approved class you took	er commission meetings in lieu of and list "mortgage broker commi	itle and the date you completed the course. It a continuing education course, please list the ssion meeting" as the Provider Name for n meetings you attended during the year.
Provider Name	Course Title	Date
I attes	t to the information on this forn	n as true and accurate.
Sig	nature of loan originator	Date